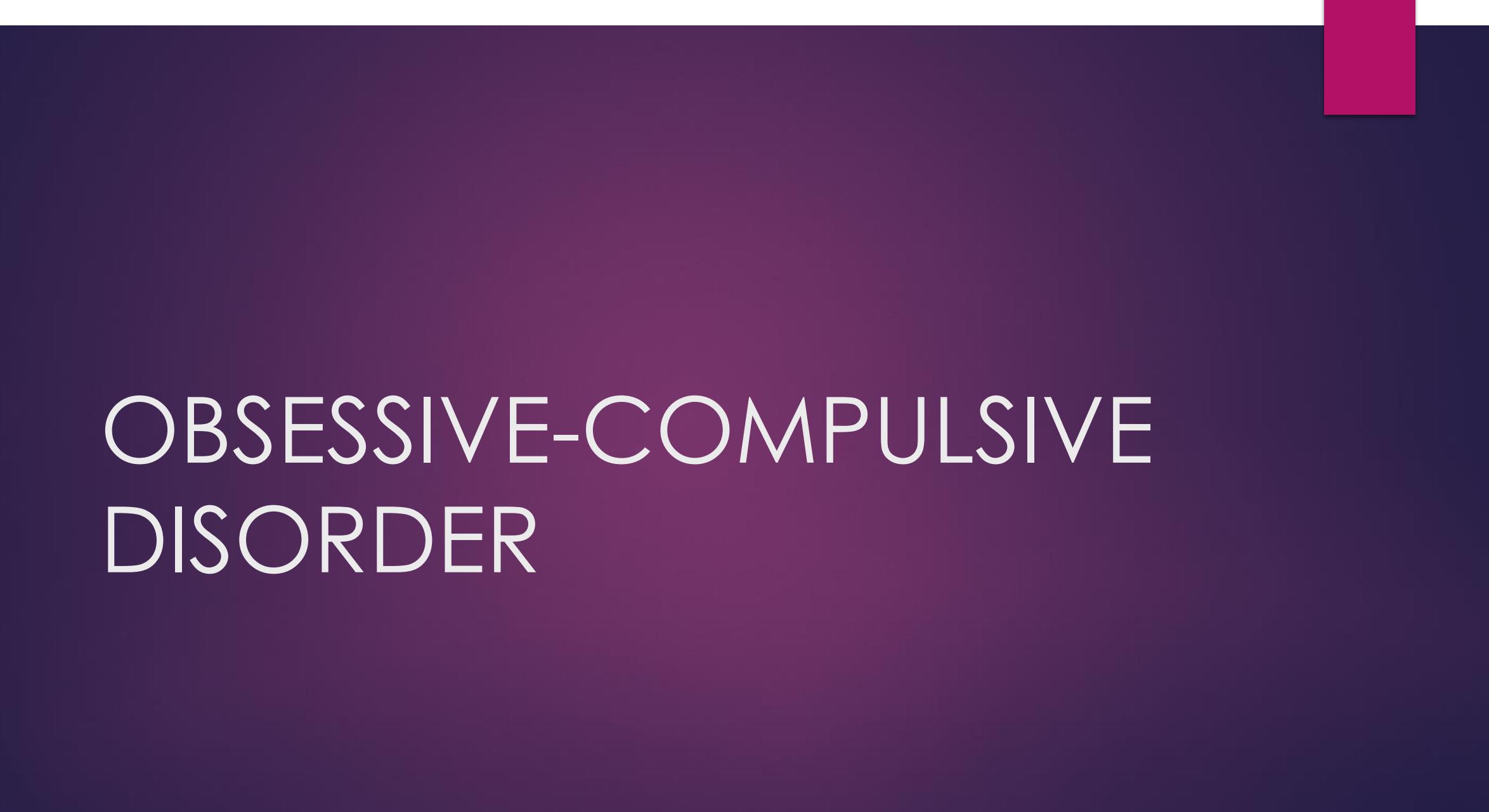


OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

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- ▶ obsessive-compulsive disorder
- ▶ body dysmorphic disorder
- ▶ trichotillomania (hair-pulling disorder)
- ▶ hoarding disorder
- ▶ excoriation (skin-picking) disorder.



OBSESSIVE-COMPULSIVE DISORDER

Obsessive Compulsive Disorder criteria

- ▶ Either obsessions or compulsions
 - ▶ **Obsessions** are defined as:
 - ▶ Recurrent and persistent thoughts, images or impulses that are experienced as intrusive and inappropriate and cause marked anxiety/distress
 - ▶ Not simply excessive worries about real-life problems
 - ▶ Person attempts to ignore or suppress the obsessions, or neutralize them with other thoughts or actions
 - ▶ Recognized as a product of the patient's own mind
 - ▶ **Compulsions** are defined as:
 - ▶ Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rigid rules
 - ▶ Compulsions are aimed at reducing distress or preventing some dreaded event, however they are not connected in a realistic way to what they are meant to neutralize, or are clearly excessive

Examples of obsession signs and symptoms include:

- ▶ Fear of being contaminated by shaking hands or by touching objects others have touched
- ▶ Doubts that you've locked the door or turned off the stove
- ▶ Intense stress when objects aren't orderly or facing a certain way
- ▶ Images of hurting yourself or someone else
- ▶ Thoughts about shouting obscenities or acting inappropriately
- ▶ Avoidance of situations that can trigger obsessions, such as shaking hands
- ▶ Distress about unpleasant sexual images repeating in your mind

Examples of compulsion signs and symptoms include:

- ▶ Hand-washing until your skin becomes raw
- ▶ Checking doors repeatedly to make sure they're locked
- ▶ Checking the stove repeatedly to make sure it's off
- ▶ Counting in certain patterns
- ▶ Silently repeating a prayer, word or phrase
- ▶ Arranging your canned goods to face the same way

Obsessive Compulsive Disorder – DSM IV criteria (con't)

- ▶ At some point during the course of the disorder, the **person recognizes** that the obsessions and/or compulsions are **excessive or unreasonable**
- ▶ The obsessions and/or compulsions cause **marked distress, are time consuming (> 1 h/day)**, or significantly **interfere with functioning**
- ▶ Not due to substance, or another medical or mental disorder

Obsessive-Compulsive Disorder

- ▶ Estimated lifetime prevalence of 1.6%
- ▶ Median age of onset 19 years (range 14 – 30 years)
- ▶ 60% are female
- ▶ High psychiatric co-morbidity rate (56% -83%)
- ▶ Common co-morbidities include substance abuse, depression, social phobia, generalized anxiety disorder, panic disorder

Obsessive-Compulsive Disorder

- ▶ In 50-70% of patients, onset of symptoms is following a stressful event (i.e. pregnancy, death)
- ▶ Course is usually long, can be constant or fluctuating
- ▶ 20-30 % have significant improvement
- ▶ 40-50% have moderate improvement
- ▶ 20-30% have no improvement or worsening

Neurotransmitters dysregulation

- ▶ Serotonergic dysregulation is recognized as the primary causative factor.
- ▶ Noradrenergic dysregulation is not felt to be causative, as that noradrenergic agonists are ineffectual in the treatment of OCD .
- ▶ Dopamine dysregulation and dysregulation of GABA transmission have an impact on OCD .

Genetic formulation

- ▶ Approximately 35% of relatives of individual with OCD also have the disorder .

Brain changes

- ▶ OCD involves dysfunction of neuronal tube running from the orbital frontal cortex to the cingulate gyrus and back to the frontal cortex . Interrupting this circuit (cingulotomy) can ameliorate symptoms .

Obsessive-Compulsive Disorder

- ▶ 20-30% have tics, 6-7% Tourette's
- ▶ Possible link between a subset of OCD and tics
- ▶ PET studies have shown increased activity in the frontal lobes, basal ganglia (caudate), and cingulum in patients with OCD
- ▶ Streptococcus infection may trigger an autoimmune response which causes acute onset OCD symptoms and tics in children

Obsessive-Compulsive Disorder

- ▶ Most common obsessions include:
 - ▶ Contamination (#1)
 - ▶ Doubt/safety (idea that stove was left on, door unlocked etc.) (#2)
 - ▶ Sexual and aggressive impulses (#3)
 - ▶ Symmetry and exactness (#4)
 - ▶ Somatic and religious preoccupations
- ▶ Most common compulsions include:
 - ▶ Checking
 - ▶ Washing
 - ▶ Repeating
 - ▶ Ordering
 - ▶ Counting
 - ▶ Hoarding

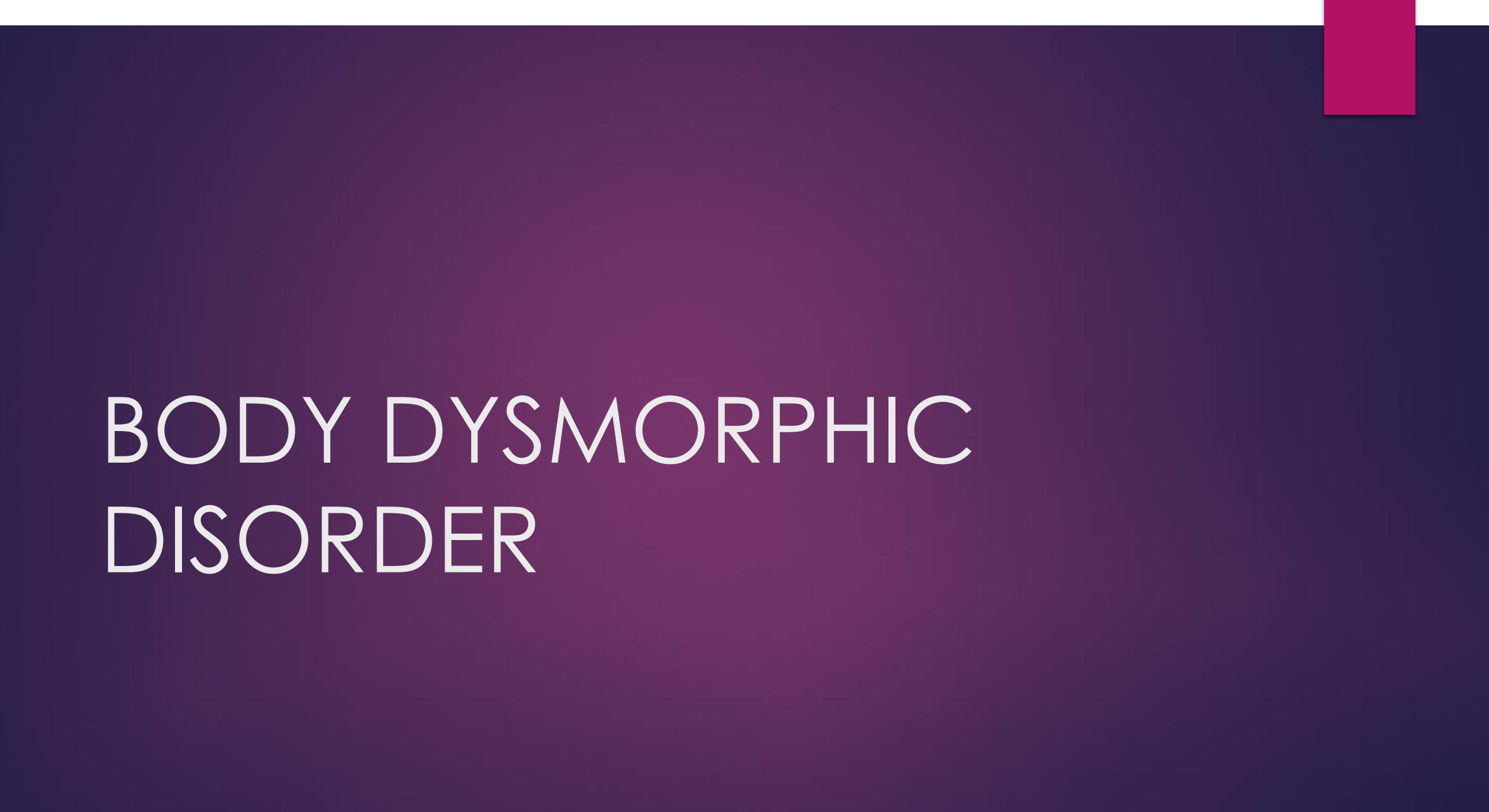
OCD - treatment

- ▶ Pharmacotherapy:
 - ▶ 1st line SSRI (serotonergic response needed)
 - ▶ 2nd line : Clomipramine (2nd line due to side effects – cardiotoxicity, anticholinergic, drug interactions and lethality in overdose)
 - Effexor XR, Mirtazapine
 - Adjunctive Risperidone
- ▶ Dosages of meds e.g. SSRIs may need to be higher than in mood disorders
- ▶ Response may take 6 wks or longer (Guidelines state adequate trial 6-8 weeks)

OCD - treatment

► Psychological

- 1) Exposure with Response Prevention (ERP) – form of behavioural therapy
- 2) CBT which combines Exposure and Response Prevention with cognitive interventions



BODY DYSMORPHIC DISORDER

Signs and symptoms of body dysmorphic disorder include:

- ▶ Preoccupation with your physical appearance with extreme self-consciousness
- ▶ Frequent examination of yourself in the mirror, or the opposite, avoidance of mirrors altogether
- ▶ Strong belief that you have an abnormality or defect in your appearance that makes you ugly
- ▶ Belief that others take special notice of your appearance in a negative way
- ▶ Avoidance of social situations
- ▶ Feeling the need to stay housebound
- ▶ The need to seek reassurance about your appearance from others
- ▶ Frequent cosmetic procedures with little satisfaction
- ▶ Excessive grooming, such as hair plucking or skin picking, or excessive exercise in an unsuccessful effort to improve the flaw
- ▶ The need to grow a beard or wear excessive makeup or clothing to camouflage perceived flaws
- ▶ Comparison of your appearance with that of others
- ▶ Reluctance to appear in pictures

HOARDING DISORDER

Hoarding affects emotions, thoughts and behavior. Signs and symptoms of hoarding may include:

- ▶ Cluttered living spaces
- ▶ Inability to discard items
- ▶ Keeping stacks of newspapers, magazines or junk mail
- ▶ Moving items from one pile to another, without discarding anything
- ▶ Acquiring unneeded or seemingly useless items, including trash or napkins from a restaurant
- ▶ Difficulty managing daily activities, and trouble making decisions
- ▶ Difficulty organizing items
- ▶ Shame or embarrassment
- ▶ Excessive attachment to possessions, including discomfort letting others touch or borrow possessions
- ▶ Limited or no social interactions

- ▶ Symptoms of the disorder cause clinically significant distress or impairment in social, occupational or other important areas of functioning including maintaining an environment for self and/or others.
- ▶ While some people who hoard may not be particularly distressed by their behavior, their behavior can be distressing to other people, such as family members or landlords.



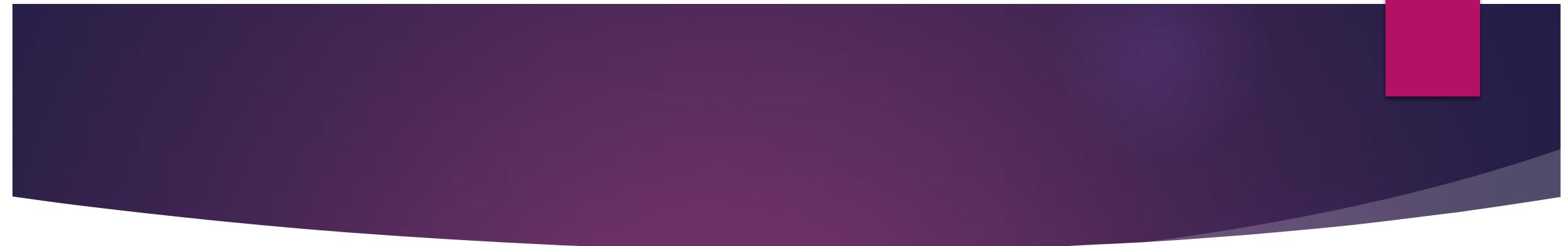
- ▶ These behaviors can often be quite severe and even threatening. Beyond the mental impact of the disorder, the accumulation of clutter can create a public health issue by completely filling people's homes and creating fall and fire hazards



TRICHOTILLOMANIA (HAIR-PULLING DISORDER)

Signs and symptoms of trichotillomania often include:

- ▶ Repeatedly pulling your hair out, typically from your scalp, eyebrows or eyelashes, but can be from other body areas, and sites may vary over time
- ▶ An increasing sense of tension before pulling, or when you try to resist pulling
- ▶ A sense of pleasure or relief after the hair is pulled
- ▶ Shortened hair or thinned or bald areas on the scalp or other areas of your body, including sparse or missing eyelashes or eyebrows
- ▶ Preference for specific types of hair, rituals that accompany hair pulling or patterns of hair pulling
- ▶ Biting, chewing or eating pulled-out hair
- ▶ Playing with pulled-out hair or rubbing it across your lips or face

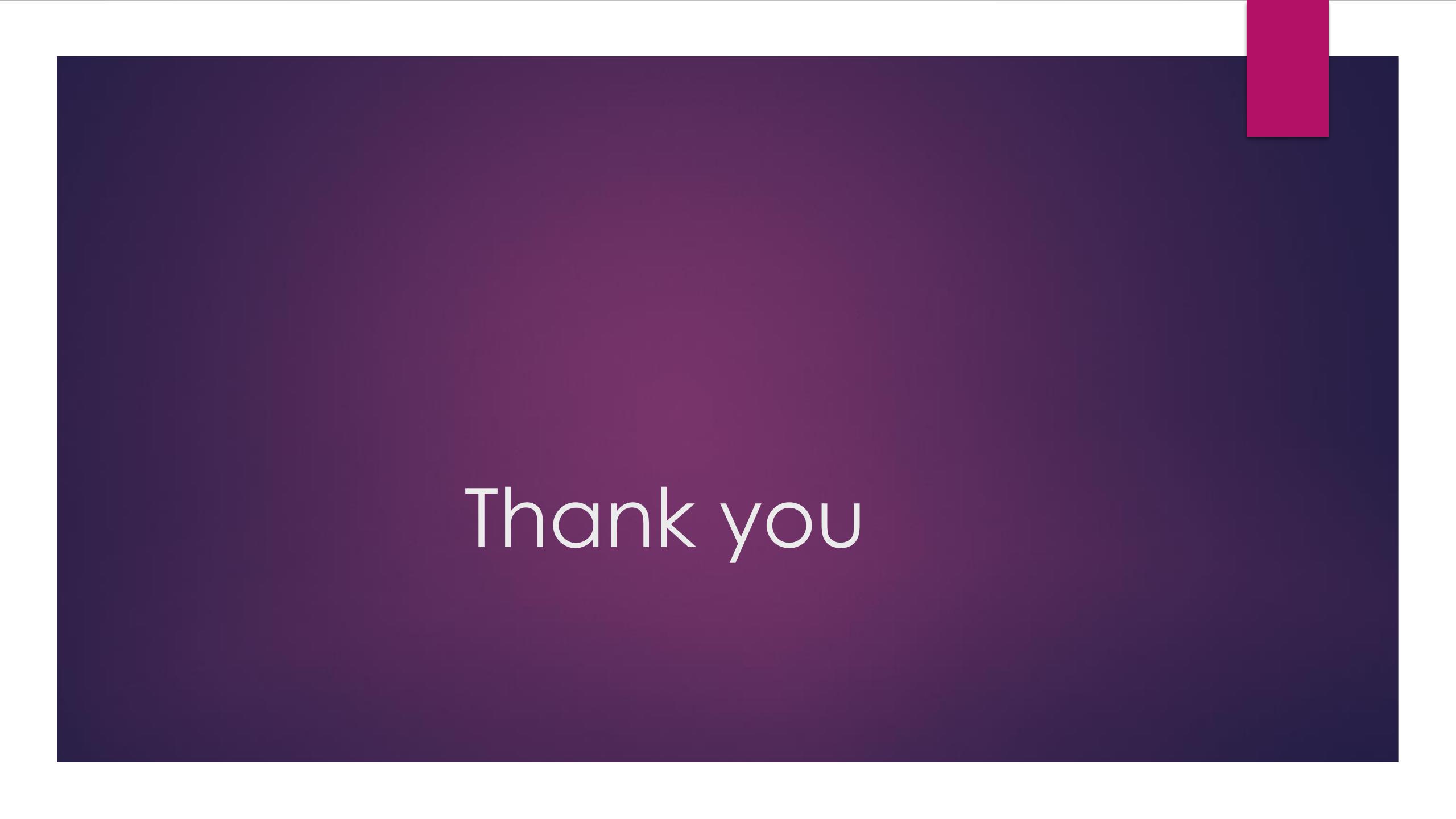


EXCORIATION (SKIN-PICKING) DISORDER

Specific criteria for excoriation disorder are as follows:

- ▶ Recurrent skin-picking, resulting in lesions
- ▶ Repeated attempts to decrease or stop skin picking
- ▶ The skin picking causes clinically significant distress or impairment in important areas of functioning
- ▶ The skin picking cannot be attributed to the physiologic effects of a substance or another medical condition
- ▶ The skin picking cannot be better explained by the symptoms of another mental disorder





Thank you